

CORPORATION

Thank you for your interest in applying for state certification. We ask that you carefully complete each question. If a question is not applicable, simply answer that it is not applicable. Submit all documentation requested and cooperate with our staff should we have questions or need clarification. Your cooperation in this matter allows our certification staff to review complete applications and render a prompt decision.

A **NON-REFUNDABLE** application fee of \$100.00, payable to OMWBE, must be included in order to process this application. If you have any questions about this application or the application process, call OMWBE at (360) 664-9750 or Toll Free (866) 208-1064 and ask to speak with the Technical Assistant.

The overall program maximum for state certified firms is \$22.41 million. If your firm has annual gross receipts over \$22.41 million (averaged over the last 3 years), you are not eligible for certification.

Eligible people must own and control 51% or more of the business in order to qualify for certification. Eligible people are defined as minority, women, or socially and economically disadvantaged business owners. If your firm is not owned and controlled by 51% or more eligible people, you are not eligible for certification.

The firm must be licensed to do business in the State of Washington in order to be eligible for certification.

This firm is applying for certification as a:

- ☐ **MBE** Minority Business Enterprise (owned and controlled by at least one minority)
- ☐ **WBE** Women's Business Enterprise (owned and controlled by at least one non-minority woman)
- ☐ **MWBE** Minority Women's Business Enterprise (owned and controlled by at least one minority woman)
- ☐ **CBE** Combination Business Enterprise (50% owned and controlled by one minority man and 50% owned and controlled by one non-minority woman)
- ☐ **SEDBE** Socially and Economically Disadvantaged Business Enterprise (owned and controlled by a non-minority male, determined to be socially and economically disadvantaged on a case-by-case basis)

Has this firm or its owner previously applied to this office for certification? ☐ YES ☐ NO

If yes, under what name? _____

BUSINESS INFORMATION

1. Legal Business Name: _____

2. Trade Name (DBA): _____

3. Has this business operated under another name? ☐ YES ☐ NO

If yes, what was the name? _____

State: _____ Date/Years of Operation : _____ Status: _____

4. Is this business organized for profit? ☐ YES ☐ NO **STOP! If you answer No, your business cannot be certified.**

5. Federal Tax ID Number (TIN): _____ (The 9-digit number on your federal tax return)

6. Washington UBI Number: _____ - _____ - _____ 7. Date business started: _____ / _____ / _____

8. Does this business share the same UBI Number with another business? ☐ YES ☐ NO

9. Professional License Number: _____ 10. Contractor License#: _____

11. Location: _____

Street Address

Apt/Unit#/Suite

County

City

State

Zip Code

12. Is this business located at a residence? ☐ YES ☐ NO

13. Mailing: ☐ Same as above _____

Mailing/P.O.Box

City

State

Zip Code

14. Primary Phone: _____ Secondary Phone: _____ Fax: _____

15. Email: _____ Website: _____

16. Describe the primary activities of your firm. Be precise: _____

17. Does this business have a relationship with a bonding company? ☐ YES ☐ NO

If yes, please complete the following:

Bonding Company Name: _____

Person responsible for signing bond: _____

18. Does the business have a bank account? ☐ YES ☐ NO

If yes, list every person who has authority to sign checks: _____

- 19.** List the major equipment and vehicles in which the business currently has an ownership, lease, or loan interest:

	Type of equipment/vehicle	Own, lease, or loan
1)		
2)		
3)		
4)		
5)		

(Attach additional pages as needed)

- 20.** What was the firm's average number of employees over the last 12 months (including part time, seasonal, and temporary employees)? _____

- 21.** Does this firm share any of the following with any other businesses? (Check Yes or No for each item.)

Owners	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Accounting Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employees	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Legal Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Office Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Financing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Storage Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Coverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For every yes answer, explain below and attach any supporting documentation.

- 22.** List three contracts the firm has performed, is performing, or has bid during the last twelve months, if any:

	Job or Project	Name and phone number of contact person (Prime contractor or awarding authority)
1.		
2.		
3.		

(Attach additional pages as needed)

OWNERSHIP INFORMATION

This section must be completed by each person who has ownership interest in this business, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.

To be eligible for certification, this business must be owned at least 51% by eligible persons.

23. Owner Name: _____
First Name
Last Name

24. Owner's race or socially and economically disadvantaged status:
- ☐ **Black** (Having origins in any of the Black racial groups of Africa)
 - ☐ **Hispanic** (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)
 - ☐ **Native American** (Having origins in any of the original peoples of North America)
 - ☐ **Asian Pacific** (Having origins in Japan, China, Taiwan, Korea, Burma, Vietnam, Laos, Cambodia, Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, Hong Kong, and other countries and territories in the Pacific)
 - ☐ **Subcontinent Asian** (Having origins in India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.)
 - ☐ **Caucasian**
 - ☐ **Other (Describe)** _____

25. Gender: ___ Male ___ Female

26. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident If you are neither, **STOP. You are not eligible.**

27. Owner's occupation: _____
 Employer: _____ Employer phone: _____

28. What is this owner's percentage of ownership in this business? _____%

29. Is this ownership: ☐ Community Property? ☐ Separate Property? ☐ Joint Property?
(If you are married and are claiming separate or joint property, you must attach documentary proof.)

30. When did this owner's ownership interest in this business begin? ____/____/____

31. How did you acquire this business?

- | | |
|---|---|
| <input type="checkbox"/> Started the business myself

<input type="checkbox"/> Condition of a divorce settlement

<input type="checkbox"/> Condition of a separation agreement

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> It was a gift from: _____

<input type="checkbox"/> I bought it from: _____

<input type="checkbox"/> I inherited it from: _____ |
|---|---|

32. Was ownership interest secured under a purchase agreement, loan, or promissory note? ☐ YES ☐ NO
 (If yes, provide documentation)



33. Are there any loans from: ☐ No Loans
☐ Owner to the business? ☐ Business to an owner?
☐ Financial Institution to the business? ☐ Third party to the business?
If yes, explain and provide documentation: _____

34. Are you: ☐ Unmarried (single) ☐ Married Date: ____/____/____
☐ Separated Date: ____/____/____
☐ Divorced Date: ____/____/____

If you are married, complete the following:

Spouse's name: _____
First Name Last Name

Spouse's occupation: _____

Spouse's employer: _____

35. Spouse's race or socially and economically disadvantaged status:
- ☐ **Black** (Having origins in any of the Black racial groups of Africa)
 - ☐ **Hispanic** (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)
 - ☐ **Native American** (Having origins in any of the original peoples of North America)
 - ☐ **Asian Pacific** (Having origins in Japan, China, Taiwan, Korea, Burma, Vietnam, Laos, Cambodia, Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, Hong Kong, and other countries and territories in the Pacific)
 - ☐ **Subcontinent Asian** (Having origins in India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.)
 - ☐ **Caucasian**
 - ☐ **Other (Describe)** _____

36. Do you or your spouse have an ownership interest in any other businesses? ☐ YES ☐ NO
If yes, complete the following for each owner/owner's spouse and each additional business:
Owner's Name or Spouse's Name : _____
Name of other business: _____
Type of business: _____
Relationship to applicant business: _____
Percentage of ownership: _____ %
Is this business certified by OMWBE? ☐ YES ☐ NO
(Attach additional pages as needed to identify all other businesses owned by you or your spouse)

DUTIES OF OWNERS AND KEY PERSONS

INSTRUCTIONS: Identify by name, title, race, gender, and total amount of compensation, those individuals, including partners, managers, and non-owners, who are authorized to make policy decisions and to manage the day-to-day operations of this firm. Make enough copies of this form to provide information on each and every applicable person. Circle the frequency of each person's involvement in each area. Do not leave any questions blank. If the question is not applicable, please circle "N".

	Person #1	Person #2
Name:	_____	_____
Title:	_____	_____
Race:	_____	_____
Percent owned:	_____	_____
Gender:	_____	_____
Salary:	_____	_____
Other benefits:	_____	_____

	A = Always	F = Frequently		S = Seldom		N = Never				
			Person #1				Person #2			
Setting policy on company direction/scope		A	F	S	N		A	F	S	N
Bidding & Estimating		A	F	S	N		A	F	S	N
Purchasing decisions		A	F	S	N		A	F	S	N
Marketing & Sales		A	F	S	N		A	F	S	N
Supervision of field operations		A	F	S	N		A	F	S	N
Hiring & Firing of management personnel		A	F	S	N		A	F	S	N
Designating how profits are spent		A	F	S	N		A	F	S	N
Obligating the firm by contract		A	F	S	N		A	F	S	N
Signing business checks		A	F	S	N		A	F	S	N

NON-PARTICIPATION STATEMENT

This declaration is to be completed **only** if your ownership is based on community property and your spouse is **not** a minority or woman.

We hereby swear or affirm that:

- We are spouses whose ownership of the firm is based on community property.
- Only the eligible spouse manages this firm.
- The ineligible spouse does **not** participate in the management of this firm.
- We understand this form is **not** a separate property agreement.

We understand that "participate in the management of this firm" is defined as being an officer and/or director and/or performing day-to-day duties and functions required by the business, including, but not limited to:

- Payment of the company's debts
- Estimating
- Marketing and sales
- Hiring and firing of management personnel
- Authorizing the purchase of major items or supplies
- Supervision of field operations
- Making company policies
- Designating how profits are spent
- Negotiating and obligating the business by contract

Signed at: _____, _____ this _____ day of _____, 20____
City State date Month Year

Eligible Spouse's signature: _____

Eligible Spouse's printed name: _____

Ineligible Spouse's signature: _____

Ineligible Spouse's printed name: _____

GO TO NEXT PAGE

DECLARATION

This form must be signed and notarized for each owner, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I hereby swear or affirm that:

- All application statements I have provided to OMWBE are true and correct.
- This application packet is accurate, current and complete.
- This application packet furnished to OMWBE is subject to public disclosure except materials related to applications for Disadvantaged Business Enterprise programs. As provided in Chapter 42.56 RCW, financial records (e.g., tax and income information) and personal information (e.g., account numbers) are excluded in the state program.
- OMWBE is authorized to contact any companies or individuals in order to verify my application information and accompanying documents.
- Other government agencies are authorized to furnish documents, verify information, and provide additional information to OMWBE concerning my application.
- I agree to provide written notice to the Office of Minority and Women's Business Enterprises (OMWBE) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). Failure to provide such notice in a timely manner may lead to decertification.
- I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.
- I understand that false statements, omissions, or material misrepresentations will be grounds for denial as provided by applicable state law.
- I agree that this completed application and all supporting documentation become the property of OMWBE when submitted.
- I will provide additional requested information to OMWBE to determine my continued eligibility for certification.



I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: _____, this _____ day of _____, 20____
City State Date Month Year

Owner's signature: _____

Printed name: _____ Title: _____

NOTARY CERTIFICATE

State of Washington
County of _____

Subscribed and sworn to before me this ____ day of _____, 20____ by _____.
(Owner Name)

Signature of Notary Public

Title

My Appointment Expires: _____

(SEAL)

DOCUMENT CHECKLIST

Thank you for completing this application. Unless otherwise noted, copies of the documents listed below are required and must be included in the application packet. If they are not included, the application cannot be processed and your file will be administratively closed. If you do not have any part of the documentation requested below, provide a written statement explaining why.

- ☐ Non-Participation Statement.
- ☐ Affidavit for eligible owner (Notarized, Signed and dated).
- ☐ Declaration for owner (Notarized, Signed and dated).
- ☐ State Driver's License AND birth certificate or US Passport/Passport Card or USA Certificate of Naturalization with photo or US Permanent Resident Card or WA State Enhanced Driver's License.
- ☐ Prenuptial Agreement or Separation of Property Agreement or Transfer of Property Agreement.
- ☐ Bank/Credit Card Statements or receipts showing business start-up costs that can be traced to a personal account for each eligible owner(s).
- ☐ Loan documents by a lending institution dated at the time of start-up and guaranteed by the eligible person.
- ☐ If the business is more than 7 years old, Bank/Credit Card Statements or receipts showing ongoing capital investment with documented proof (bank statements/processed checks) to show the source of those funds.
- ☐ Current resume for Owner (and Spouse, if married) that shows Types, dates and places of education and training received, Dates, places, titles and duties of former and current employment. Include past and present ownership in any businesses.
- ☐ Current resume for Key Personnel and Board Members that shows Types, dates and places of education and training received, Dates, places, titles and duties of former and current employment. Include past and present ownership in any businesses.
- ☐ Signed Bank signature card(s) which indicates who has signing authority, bank account number, date account was opened, amount of initial deposit, and any restrictions on the account.
- ☐ Copies of signed credit/loan or finance agreements.
- ☐ Copies of insurance policy agreements (commercial liability, errors and omissions, etc.)
- ☐ Copy of Bonding documents.
- ☐ Copies of signed property lease agreements or proof of ownership for office and/or yard space.
- ☐ List of owned equipment and/or vehicles and documented proof of purchase and/or titles.
- ☐ List of equipment leased and signed lease agreements.
- ☐ Copies of contracts/bids/invoices to demonstrate scope of work performed (from the last 12 months but no more than 6 total).
- ☐ Current Joint Venture agreements and amendments.
- ☐ Mentor Protégé agreements.
- ☐ Corporate bylaws and any amendments.
- ☐ Meeting Minutes.
- ☐ Stock certificates and ledger if stocks have been issued.
- ☐ Safety Manual (Trucking and Construction Firms)
- ☐ Federal Tax Returns and/or current IRS extension - (Last 3 years including all pages, statements, and schedules).



- If business started less than one year ago, please provide a Balance Sheet & Income Statement (Profit & Loss) as well as your SS-4 form.
- ☐ Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of foreign body authority (if firm is located outside of WA State.)

Trucking firms

- ☐ Washington Utilities & Transportation Commission (WUTC) permits.
- ☐ Commercial Driver's License (CDL) for all drivers.
- ☐ Insurance Agreements for each truck owned or operated by firm.
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by firm.

Reminder: Please include the \$100 non-refundable application fee and supporting documentation with your completed application and mail the package to:

**OMWBE
P.O. Box 41160
Olympia, WA 98504-1160**

If you have any questions about the application or application process, please call us at (360) 664-9750. OMWBE is open Monday – Friday from 8:00 am – 5:00 pm.